

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for date of service (DOS) 08/01/01?
b. The request was received on 04/25/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC-60 and Letter Requesting Dispute Resolution
 - b. Provider marked exhibits
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC-60 and Response to a Request for Dispute Resolution
 - b. EOBs
 - c. Carrier marked exhibits
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g)(3), the Division forwarded a copy of the requestor's 14-day response to the insurance carrier on 07/15/02. Per Rule 133.307 (g)(4), the carrier representative signed for the copy on 07/16/02. The response from the insurance carrier was received in the Division on 07/25/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: The provider has not received proper reimbursement for services associated with an epidural steroid injection.
2. Respondent: The carrier has reimbursed the provider properly.

IV. FINDINGS

1. Based on Commission Rule 133.307 (d)(1&2), the only date of service eligible for review is 08/01/01.

2. The carrier's EOB dated 02/06/02 has the denials, "G – THIS PROCEDURE IS INCIDENTAL TO THE PRIMARY PROCEDURE, AND DOES NOT WARRANT SEPARATE REIMBURSEMENT" and "F – THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULED OR USUAL AND CUSTOMARY VALUES AS ESTABLISHED BY INGENIX".

3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
08/01/01	76499-27-22	\$350.00	\$0.00	F	DOP DOP	MFG, GI (I)(A&B) & (III), CPT & modifier descriptors, TWCC Advisory 97-01	The CPT descriptor states, "Unlisted diagnostic radiologic procedure." The medical documentation indicates that the provider is billing for fluoroscopic guidance (fluoroscopy). The MFG GI (I)(A) states, "... (TWCC) has incorporated usage of the ... (AMA's) 1995 ... (CPT) codes". The MFG has CPT code 76000 which has the descriptor "Fluoroscopy (separate procedure), up to one hour physician time, other than 71023 or 71034 (eg. cardiac fluoroscopy)". The CPT code 76000 is sufficiently descriptive of the procedure performed and the MAR value of 76000-27 is \$88.00. The provider is entitled to reimbursement of \$88.00 for the date of service in dispute. The provider's dispute packet contains an EOB dated 02/06/02, which indicates the carrier has reimbursed \$88.00. Therefore, additional reimbursement is not recommended.
08/01/01	76499-27	\$300.00	\$0.00	G	DOP DOP	MFG, GI (II)(A&B) & (III), CPT & modifier descriptors, TWCC Advisory 97-01	The TWCC Advisory 97-01 states, "... When videofluoroscopy or fluoroscopy is performed with a myelogram or discogram, such procedures (emphasis added) are considered part of the service and should not be billed separately." The procedure in dispute is an epiduragram and is a procedure that should not be reimbursed separately. Therefore, no reimbursement is recommended.
08/01/01	99499-RR	\$50.00	\$0.00		DOP	MFG, SGR (V)(B)(1-3)	The referenced SGR discusses the billable CPT codes for surgical procedures performed in a doctor's office. They are CPT codes 99070-ST, 99070-AS & 99499-RR. The CPT code in dispute is one of these billable codes. The provider's dispute packet contains an EOB dated 02/06/02, which indicates the carrier has reimbursed the billed amount. Therefore, no additional reimbursement is recommended.
Totals		\$700.00	\$0.00				The Requestor is not entitled to additional reimbursement.

The above Findings and Decision are hereby issued this 13th day of September 2002.

Larry Beckham
Medical Dispute Resolution Officer
Medical Review Division